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State/Territory Plan 2022 - 2024

4.5 Establish Affordable Co-Payments

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))?

	a. Limit the	b. Limit the	c. Minimize the	d. Other. Describe:
	maximum co-	combined amount of	abrupt termination of	
	payment per family.	co-payment for all	assistance before a	
	Describe:	children to a	family can afford the	
		percentage of family	full cost of care ("the	
		income. List the	cliff effect") as part	
		percentage of the co-	of the graduated	
		payment limit and	phase-out of	
		describe:	assistance discussed	
State/Territory			in 3.2.5. Describe:	
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Alabama	

Families remain eligible for services as long as incomes does not exceed 200% FPL. Families receive 12 months of uninterrupted services and are only required to report income changes as beneficial to the family or if incomes exceed 85% SMI. As incomes increase, taking in regards fluctuations in incomes, families' copayments are increased incrementally at each redetermination. By doing so, the parent gradually takes on more of the child care costs avoiding a cliff effect once the income exceeds the state's exit threshold.

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Alaska	Family co-payments are based on the family's monthly gross countable income and family size. The Family Income and Contribution Schedule is based on Alaska's State Median Income with a minimum co-pay amount of \$1 (exception families receiving TANF and children in child protective services through the Office of Children's Services) and a maximum of no more than 9% of the family's monthly countable income.		
American Samoa			American Samoa's CCDF funds child care services for families at or below the poverty level. Therefore, a family contribution is not required to increase access, making it affordable and ensuring that it is not a barrier to families who qualify for CCDF assistance.

Arizona	If the client is eligible for Transitional Child Care who transitioned out from participating in the TANF program, the Lead Agency does not assign a copayment beyond the third child. CCA 2-13-01. Fee Level and Copayment Assignment	N/A	N/A	N/A
Arkansas	The copay is a percentage of the child care provider's rate. Families choosing a Better Beginnings Level 1 provider have a 6% copay per child. Families choosing a Better Beginnings Level 2 provider have a 4% copay per child. Families choosing a Better Beginnings Level 3 provider have a 2% copay per child. The percentages are based on the child care provider's rate.	NA	NA	NA
California		The Lead Agency establishes a family fee schedule annually in collaboration with the Department of Finance, using a methodology based on the most recent census data on the state median income. Families are assessed a co-payment based on their income in		

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Median Income for all counties. The parent fee structure gradually increases the co-payment amount as a family's income increases.

countable income that is at or below the 100% of the FPG have a copay assessed at 1% of their income. Eligible households with countable income that is above 100% of the FPG have a copay assessed at 1% of their income plus a marginal rate increase of fourteen percent 14% for every dollar of gross countable household income above one 100% of the FPG. An additional \$15/month per child fee shall be added to the copayment for households that are requesting care for more than one child and have income above 100% of the FPG. The marginal rate increase ensures that families are able to retain more of their income over time as they receive more income as their other public assistance benefits are reduced.

This co-payment structure is a huge success for Colorado in approving the affordability of child care for subsidy families. Previously, co-payments ranged from 1 percent up to 14 percent of a household's gross income

		with varying additional child fees and there was a pronounced increase in parent fees for families earning between 100 percent FPG and 150 percent FPG. The marginal rate eliminates the steep increase families faced in the previous formula by slowly increasing the amount of the parent fee by 14% on every dollar earned above one hundred percent FPL. This would ensure that as families experience a modest increase in their income, they are able to retain more of that income rather than paying most of it to elevated parent fees or not accepting a raise at all. This would help families continue to afford child care and maintain continuity of care for their
Connecticut	10% is maximum co-pay a family will pay based on household income.	

Delaware	A family's copayment is based off a percentage of their gross income with no limits.	The maximum percentage applied to a family's gross income is 9%.	All eligible families are authorized for twelve (12) months of uninterrupted childcare. At redetermination, a family who has reached the income eligibility limit but remains below the SMI shall receive twelve (12) additional months to assist them in gradually budgeting with the additional expense of childcare.	
District of Columbia	The co-payment is applied only to the 2 youngest children receiving subsidy and does not exceed 7 percent of a family's income. The co-payment is only applied to family incomes above 100 percent of FPL.			
Florida		Copayment in excess of 10 percent must include a justification. Rule 6M-4.400, F.A.C., requires a ELC's sliding fee scale must be set at a level that provides economically disadvantaged families equal access to the care available to families whose income is high enough not to qualify for financial assistance for SR services. An ELC must submit its proposed	During graduated phase- out, a copayment may be increased in increments up to 85% SMI when the family is no longer eligible. Incremental increases promote and support stability.	

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	sliding fee scale to OEL for approval. The OEL reviews the sliding fee scale to determine that it scale is reflective of the annually released federa poverty level, has an effective date no later than July 1 of that year and that parent copayments do not exceed 10 percent of the family's income, regardless of the numbe of children in care. The OEL performs a sampli of different income lever and family size to confit that the proposed parent copayments do not exceed the 10 percent level. If the ELC's proposed sliding fee scandoes exceed 10 percent family income, the ELC must provide justification of how the sliding fee.	egg s m	
	level. If the ELC's proposed sliding fee sca does exceed 10 percent family income, the ELC must provide justification of how the sliding fee scale meets the federal requirement that the copayment be affordable prior to approval of the proposed sliding fee scale.	of n	
Georgia	by OEL. The Lead Agency has implemented policy to ensure that family copayments do not exceed percent of family incom Georgia's co-payment structure has four levels	e.	

Families with income between 0-10 percent FPL have no co-payment. Families with income between 11-50 percent FPL have a co-payment equal to 3 percent of family income. Families with income between 51-100 percent FPL have a co-payment equal to 5 percent of family income. Lastly, families with income 101 percent of FPL and higher have a co-payment equal to 7 percent of family income. Overall, 33 percent of families in Georgia's subsidy program have no co-payment while the remaining 67 percent have a co-payment that ranges from 3 percent to 7 percent. In response to the pandemic, the Lead Agency will begin using Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds in May 2021 to pay the family co-pay and the fee differential that may be charged to families. This policy change will not only support families in covering the cost of care but should also increase the number of providers willing to participate in

		the program because they will be guaranteed their full rate. Currently, the Lead Agency plans to implement this policy through September 30, 2022; however, the Lead Agency will continue to explore ways to increase families' access to high quality child care by limiting their financial burden even after the policy expires.		
Guam	Guam sets the maximum co-payment per family at \$75			
Hawaii		Family co-payment ranges between 0% and 9% of a family's income.		
Idaho			The Lead Agency sets the second tier of eligibility at an amount lower than 85% of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. Idaho's second eligibility threshold, set at 150% of the federal poverty limit, was determined by reviewing income levels at time of initial eligibility and income levels at the past year's redetermination. The yearly data showed that most families who	

apply for and are eligible for child care assistance come into the program at or below 110% of the Federal Poverty Limit. When determining the exit threshold, data showed that the majority of families served continued to be under 150% of the Federal Poverty Limit at redetermination, therefore, being able to support families continuously as they work toward increased wages and or improved education levels, leading to future work opportunities. The second eligibility threshold of 150% of the federal poverty limit allows for opportunity for job growth and advancement while maintaining continuity of care for children as data from Idaho's current subsidy families showed that, at the time of redetermination, most families served went over income yet stayed under 150% of the federal poverty limit. Therefore, we believe that families served can continue making advancements throughout the second

		year, phase out, and not exceed the exit threshold. Increases in household income are not acted on until redetermination period unless income exceeds 85% of SMI.	
Illinois	Copayments are based on family countable income and size. No co-payment is assessed higher than 8% of the family's countable income.		
Indiana	The maximum monthly co-payment for a family at the highest income level before a family is no longer eligible is seven percent (7%).		
Iowa			Fees are not charged to those at or below 100% FPL, those participating in PROMISE JOBS program components or those families receiving services without regard to income due to a protective service situation. For those that do have co-payment the sliding fee schedule is applied based on the number of persons in the family, the income of that family, and how many children are in care. The state determines the number of persons in the

				when determining income eligibility for service), the monthly family income, and how many children are in care. There is only one co-pay per family however the fee is adjusted depending on the number of children in care. The fee is paid based on the child who receives the most care. The fees charged to families for child care (basic care) range from \$0.00 to \$138 per month. Even for families in the graduated phase out program fees are kept at under the 7% of family income federal benchmark to ensure affordability.
Kansas	Family Share deductions (co-payments) are assigned per family, regardless of the number of children receiving assistance.	Effective October 1, 2021, family share deductions were set at 3% or less of family income.	N/A	N/A

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Kentucky	The maximum co-pay is based upon family size and income limits.	The maximum co-pay is based upon family size and income limits.	At initial application, families must not exceed 160% of the federal poverty limit. Upon renewal, the family must not exceed 200%. Families can retain eligibility, as long as they do not exceed 85% of the state median income	Sliding scale fees are determined based on results of Market Rate Survey, considering regional differences; differences based on age of children served; and, income of family
Louisiana	The monthly copayment at the maximum allowable income is less than 3% of the family's monthly income. Copayments have been waived during the COVID-19 pandemic.		The tier for graduated phase out is set at the recommended level of 85% of SMI.	
Maine	The sliding fee scale is based on a Parents' income and is 2-10% of gross income.			

Maryland		Maryland does not charge a co-pay for families enrolled in TANF, for children receiving SSI or no co-pay for any children enrolled if one parent in the household receives SSI. Maryland limits the number of children for whom families must pay a co-pay. For example, a family with more than three children enrolled in child care does not pay a copay for the enrollment of the 4th child or greater. Maryland is currently revising COMAR to limit the maximum co-payment per family based upon a percentage of the gross household income.

Massachusetts

EEC policy is that parents enter the subsidy at or below 50% of the SMI and can remain in care until 85% SMI. Massachusetts SMI is higher than most states, which means that families can continue receiving a subsidy longer than in most benefit programs. EEC's co-payment chart adjusts to higher levels based on household size and income, so the parent fee gradually increases for families as they approach the income limit.

As described in section 3.2.4, under EEC's parent fee chart, families do not owe any parent fees until their income goes above 100% of the Federal Poverty Level. Fee Level 1 of the chart includes all incomes up the Federal Poverty Level for each household size and assesses a 0% fee. Additionally, for families with incomes above 100% of the Federal Poverty Level, EEC's chart calculates fees only on the amount of income a family has above the poverty threshold for their household size. As a result, the average parent fee for all fee-paying families is 2.4% if all family income and 98% of families will pay a fee that is 7% or less of all family income.

Michigan	Co-payment per child, along with a family limit, is limited to no more than 7% of any income category.	Co-payment per child, along with a family limit, is limited to no more than 7% of any income category.	Policy minimizes the abrupt termination of assistance before a family can afford the full cost of care (the cliff effect) as part of the graduated phase out of assistance. There are five additional income levels in the sliding co-payment scale to ease families more gradually from child care assistance as they increase their income level up to 85% SMI.	
Minnesota		The copayment fee is a dollar amount per family based on the family's income and family size. Starting at 100 percent of the federal poverty guidelines (FPG), the income ranges are based on percent of the state median income, with each income range assigned a copayment amount. The copay amount assigned to each income range is a percentage of the income amount at the top of that particular income range. For each family size, there are up to 33 different income ranges. This allows for a gradual increase of the amount the family pays as their income increases. The		

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		final eight levels allow for a continued gradual increase in the family contribution before the family becomes ineligible at redetermination and for a slight decrease in the family contribution before the family becomes ineligible for the program. The majority of Minnesota families on child care assistance are paying less than 10 percent of their income for child care. These additional family copayment levels allow for an even greater reduction to the cliff effect for the family. These family copayment levels are implemented.	
Mississippi	The co-payment chart indicates a percentage of income that is assessed per family. This amount is not to be exceeded, regardless of the number of children served.	The Lead Agency limits the percentage of family income that can be applied for co-payment. The percentage is applied to the family and distributed across all children eligible for subsidy receipt.	

Missouri		The highest average percentage of family income that is paid for a co-pay is 4% per child.	Once a family enters into Transitional Level A child care, the co-payment does not increase but remains at the same level as the maximum co- payment in the traditional level of child care.	
Montana	Co-payments are set as a percentage of a family's income. A family, whose income falls below approximately 95.5% of the Federal Poverty Level pays a \$10 monthly co-payment. A family's copayment is increased by a percentage as the family's income increases. At 150% of the Federal Poverty Level, which is the maximum for entry into Montana's eligibility program, a family's co-payment is 14% of income.		For those families that move into the graduated phase of the eligibility program, copayments range from 15% to 25% of income.	
Nebraska		Per the recommendation of ACF, co-pays are no greater than 7% of a recipient's gross income.	Family co-pays are adjusted based on reported income changes. Family co-pays can decrease during the eligibility period but they cannot increase.	

New Hampshire		If at the 12-month eligibility redetermination, the new income projection reduces the household to a subsidy percentage that is not currently being served because of funding shortages, but remains under 85% of SMI, eligibility will continue for an additional 365 days at the new subsidy percentage.	
	Co novements and assessed		
New Jersey	Co-payments are assessed only to the first and second child. Copayment is assessed at 100% for the first child, and at 75% for the second child. If more than two children in a family are receiving child care services, no copayment shall be required for the third and subsequent children in the family.		

New Mexico	N/A	N/A	The Lead Agency minimizes the abrupt termination of assistance by allowing families who are recertifying to qualify up to 400% of the FPL. The second tier is higher than the initial eligibility allowance of up to 350% of the FPL. This allows a family to increase their household budget, support their child care needs, and still remain eligible while transitioning from the program.	The Lead Agency ensures that the family copayment is affordable by assessing the base copayment for each additional child at one half of the co-payment for the previous child.
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New York	LDSSs are not allowed to	
	select a family share	
	percentage greater than	
	35 percent, which is then	
	applied against the	
	amount of family income	
	that is over the FPL to	
	calculate the family share.	
	Over the past year, OCFS	
	encouraged LDSSs to	
	lower their family share	
	percentages to reduce the	
	out-of-pocket costs for	
	parents. Currently, only 4	
	LDSSs use the highest	
	family share multiplier of	
	30 (n=2) or 35 (n=2)	
	percent, and more than	
	half of LDSSs have a	
	percentage of 10 to 20	
	percent.	
	D 1 FXX 2022	
	Pursuant to the FY 2022	
	Enacted Budget of the	
	State of New York, the	
	family share percentage	
	will be up to 10 percent.	
	OCFS is in the process of	
	making the necessary	
	regulatory change to	
	support this policy shift.	

North Carolina		Family co-payments are 10% of a family's gross monthly income. NC DCDEE will consider copayment adjustments in response to COVID-19 after October 1 and in future policy recommendations to the NC legislature. NC DCDEE paid parent fees from April 2020 to August 2020. NC DCDEE paid parent fees again from March 2021 and will pay until October 2021.	DCDEE is considering sending recommendations to the NC General Assembly related to subsidy policy. One of the recommendations will be to waive the parent fee for families experiencing homelessness.
North Dakota	Co-payments are charged per family for each month in which services are provided. Co-payments are applied to the first payment request received in a month and are applied to each subsequent payment in that month until there is no remaining co-payment amount. Co-payment amounts are capped at 7% for the highest income families with co-payment percentages decreasing based on lower incomes.		
Northern Mariana Islands	Copayments are set per family.		

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Ohio	The family copayment is calculated on a sliding fee scale. Families below 100% of the federal poverty level (FPL) have no copayment. Families between 101% - 200% increase from 7% of their income to 8.75% of income. After 200% FPL, the copayment increases more dramatically, capping out at 27% of income for 295% and 300% FPL.		Families over 200% federal poverty level (FPL) pay a larger portion of their income for child care, starting at 9% and capping out at 27% of income for 295% and 300% FPL. These copayments are closer to the amount per child the families will pay once they are no longer eligible for publicly funded child care.	
Oklahoma	When the Lead Agency restructured the Child Care Eligibility/Copayment Chart in March 2019, copayments were limited to no more than 7% of household income based on family size. This benchmark is periodically updated to ensure copayments remain affordable.			The Lead Agency's entry threshold is set at 85% of SMI so that all families who meet the federal income guidelines are eligible for child care subsidies. In addition, Oklahoma locks-in copayments at certification in accordance with federal regulations so that copayments cannot be increased over the 12 month eligibility period.

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Oregon	The ERDC copay is per family and does not increase or decrease based on a family needing or using child care for more of their children. This encourages families to use child care for all of their eligible children.	N/A	The ERDC copay structure begins at 2% of the family's gross income and increases until the copay would equal the family's cost of care, eliminating the potential cliff effect created by increasing income.	N/A
Pennsylvania	For families at or below 100 percent FPIG, copayments cannot exceed 8 percent of annual income. For families at or below 235 percent FPIG, copayments cannot exceed 11 percent of annual income.	An individual co-payment is not assessed for each child accessing CCW. Instead, a single copayment is assessed for all children within a family accessing CCW based on family size and income.	Families are eligible for CCW at or below 200 percent FPIG. Copayments gradually increase as income increases until eligibility is phased out at 235 percent FPIG.	
Puerto Rico	Co-payments are based on the number of children in a family and are established according to a sliding fee scale which takes into consideration the family median income in Puerto Rico. The full copayment is applied to the child with the highest rate, the second child is charged with half of the corresponding copayment, and for the third child and beyond, there is no copayment.	N/A	N/A	N/A
Rhode Island		The following outlines the current copay structure associated with	Eligible families with countable income above 100% of the federal	In response to COVID- 19, effective 3/16/20 through May 2020, the

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the lead agency's CCDF program: Level 0 is defined as a family having a federal poverty level less than or equal to 100%. There is no family share applied at level 0. Level 1 is defined as a family being above 100% up to and including 125% of the federal poverty level. Their family share is 2% of countable cross income at level 1. Level 2 is defined as a family being above 125% up to and including 150% of the federal poverty level. Their family share is 5% of countable gross income. Level 3 is defined as a family being above 150% up to and including 180% of the federal poverty level. Their family share is 8% of countable gross income. Level 4 is defined as a family being above 180% up to and including 200% of the federal poverty level. Their family share is 10% of countable gross income. Level 5 is defined as a family being above 200% up to and including 225% of the federal poverty level. Their family share is 14% of countable gross

poverty limit shall pay a share of the expense for child care services. The family shall be assessed for a share of the cost for authorized services (formerly referred to as a co-payment) based on a percentage of the gross countable income for families at each level. The family share and income guidelines are set in accordance with the **CCAP Cost-Sharing** Payment Rate Table. The income levels and percentage range of family shares are listed above for all five levels.

The state intends to modify the current copay structure, effective 1/2022 which will cap copayments at 7% for all CCDF families. This means families above 150% FPL up to/including 180% which is level 3 in the current structure will be capped at 7% as will families in level 4 and 5 (above 180% up to/including 225% FPL) that currently have a copayment of 10% and 14% of their countable gross income.

Department of Human Services waived all copays for CCDF families impacted by COVID-19. The Department applied for a waiver extension with ACF and was approved to continue waiving copays. DHS reinstituted the copay waiver for CCDF families beginning 2/21/21 due to the current state of emergency. The lead agency intends to leverage available funding to continue covering the cost of copays through December 2021.

income.

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In addition to the lead agency's plans to meet the federal affordability standard by capping copays at 7%, there is also legislation currently proposed for FY22. If passed, this 7% copay cap on family income will also be set in statute (Effective 1/2022)

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South Carolina	Family copayments are based on a sliding fee scale dependent on family size and income ranging from \$6 to \$20 per child per week. These copayments are among the lowest in the region and the nation and have remained the same since October 2008.	Family copayments represent between 2% to 5% of family income.		In response to the COVID-19 pandemic, during the month of April 2021, co-pays were suspended to remove barriers for children in care to reduce the financial burden on families and providers.
South Dakota	There is currently no copayment for families up to 160% of Federal Poverty Level. Families with income over 160% of Federal Poverty Level have a co-payment between <1% and 12% of the family income. Copayments are capped to not exceed 12% of monthly income. In response to the COVID-19 pandemic, the Lead Agency has provided additional co-payment relief to families by temporarily removing all co-payments.	NA	The second tier of eligibility during phase out is 85% SMI, to offer maximum support for families and reduce the cliff effect. No increases in co-payments are made during the phase-out period.	NA

Tennessee		The current co-pay fees are calculated so that a family receiving subsidized childcare pays between 1-8% of their income toward that expense (not applicable if more than one child is receiving assistance).		
Texas	N/A	N/A	TWC Chapter 809 Child Care Services rule \$809.41(e) states that Boards establishing initial family income eligibility at less than 85 percent state median income must ensure that the family remains income-eligible for care after passing the Board's initial income eligibility limit.	Parent share of cost amounts are set by each Board and are based on local factors. TWC Chapter 809 Child Care Services rule \$809.19 outlines that the parent share of cost is determined by a sliding scale based on family size and gross monthly income. It also requires Boards to examine the sliding scale if there are frequent terminations for lack of payment of the parent share of cost. Additionally, \$809.19(d) states that prior to termination of child care for nonpayment of parent share of cost, an evaluation is required of each family's financial situation for extenuating circumstances that may affect the affordability of the parent share of cost,

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		and a temporary reduction may apply.
		TWC is analyzing parent share of cost and will consider the development of a statewide policy that all Boards will follow to set their local parent share of cost amount. TWC intends to establish a statewide policy to support a more consistent approach to the amounts that families are required to pay.
Utah		During the COVID-19 pandemic, a waiver has been approved to waive copayments for all families due to the economic hardship that has resulted. Copayments will continue to be waived for all families with the use of CRRSA funds as funding is available.

Vermont	N/A	N/A	We retain an entitlement to participation in some level of subsidy for all eligible families up to 300% of FPL. We have not elected to freeze enrollment or create a waiting list for CCFAP because we believe that not providing assistance to eligible families creates as much a barrier to access to child care for eligible families as copayments.	N/A
Virgin Islands	N/A	N/A	N/A	N/A
Virginia	Copayments are based on a percent of family income, regardless of the number of children in care. The maximum family co-payment is 10% of their gross monthly income.	Copayments are based on a percent of family income, regardless of the number of children in care as follows: 0-100% FPG: 5% copay 100-125% FPG: 6% copay 125-150% FPG: 7% copay 150-160% FPG: 8% copay 160-185% FPG: 9% copay 185% FPG and above: 10% copay	Copayments increase gradually as a family's income increases, both in dollar amounts and in percentages of income up to 185% FPG. Once a family exceeds that income threshold, their copayment is stable at 10% but the dollar value increases as their income increases, up to 85% SMI when they are no longer eligible for services.	
Washington	CCSP's copay structure provides for a \$0 per month copay for families below 20% of the state median income, to the extent allowed by CCDF		At reapplication a family may be eligible for a 12-month Tier 2 eligibility period if the household income changed and is equal to or greater than	

rules. Families above 20 percent and at, or below, 36 percent of the state median income have a \$65 copay. Families above 36 percent and at or below 50 percent of the state median income have a \$90 copay. Above 50 percent to 60 percent state median income has a copay at \$115. At reapplication and after 12 months of eligibility, a family may be eligible for a 12-month phase out (hereafter called Tier 2 eligibility) period if the household income changed and is equal to or greater than 60% of the state median income but less than 65% of the state median income. Families eligible under Tier 2 have a copay of \$215. There is no break between the initial 12-month eligibility and the Tier 2 eligibility period. Copays for families in the Tier 2 eligibility period will not exceed those for a family at 60% of the state median income. See WAC 110-15-0109.

60% of the state median income but less than 65% of the state median income. There is no break between the initial 12-month eligibility and the Tier 2 eligibility period. Copays for families in the Tier 2 period are \$215 which is no more than 7.5% of a family's income. See WAC 110-15-0109.

West Virginia	The maximum monthly co-payment per family is limited to 8 % of the family's monthly gross income.	The maximum monthly co-payment per family is limited to 8 % of the family's monthly gross income, and this amount is divided per child, up to three children.	Families enter the subsidy system at 150% of 2019 Federal Poverty Level and are not terminated from assistance until they exceed 185% of 2019 Federal Poverty Level.	
Wisconsin	The co-payment is determined by the number of hours for which the family receives child care subsidy and is capped at 152 hours per month per child across all locations. If a family has five children or more, the total family co-payment hours are capped at 760 hours per month.	N/A	If family income is at or above 190% FPL, but not exceeding 200% FPL, at the previous eligibility redetermination, the family co-payment may increase based on increases in income but will not exceed the family co-payment for 200% FPL until the next annual eligibility determination. If family income is at or above 200% FPL at the previous eligibility redetermination, the family's co-payment will increase \$1 for every \$3 by which family income exceeds 200% FPL until the family reaches 85% State Median Income or assumes the full cost of care.	The Lead Agency did not increase the co-payment per hour for 2020 and 2021 to make progress towards the goal of the copayment not exceeding 7% of family income.

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Wyoming	For initial eligibility, a parent/caretaker's countable income cannot be higher than a Step 4 on the Sliding Fee Scale. After initial eligibility, there are two (2) additional steps available for graduated phase-out of assistance. The highest parent fee is less than 8% of a family's income for one (1) child in care. In addition, the co-payment increases between steps in a way that assists families to adjust to the increased
	cost of care.